

ISSUE SLIP STAPLE AREA (for additional cross references)

POSTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HT	8916	02/22/01
RESPONSE FORMALITY REVIEW	TZ	50947	05/17/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/3/01
2	5/3/01
3	5/3/01
4	5/3/01
5	5/3/01
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49	5/3/01
50	5/3/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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